

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599835

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		(1)				
6		(1)				
7		(1)				
8	1					
9		1				
10		2				
11		2				
12		(1)				
13		(1)				
14		(1)				
15		(1)				
16		(1)				
17			1			
18				1		
19				1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	18	←	16	←		←
TOTAL CLAIMS	20		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						